2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **N40269** Feb 22, 2000 8:00 am 1. Entity Name **Secretary of State** CAPTIVE'S LIGHTHOUSE PRISON MINISTRY, INC. 02-22-2000 90050 044 ****61.25 Principal Place of Business Mailing Address **%GEORGE PHILIP MALLOY %GEORGE PHILIP MALLOY** 105 10TH STREET SOUTH 105 10TH STREET SOUTH BRADENTON BEACH FL 34217-2536 BRADENTON BEACH FL 34217-2536 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For 4. FEL Number City & State 65-0224996 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MALLOY, GEORGE PHILIP 105 10TH STREET SOUTH **BRADENTON BEACH FL 34217-2536** Zip Code City FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Addition TITLE ☐ Change TITLE ☐ Delete MALLOY, GEORGE PHILIP NAME NAME STREET ADDRESS 105 10TH STREET SOUTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON BEACH FL** ☐ Change Addition ☐ Delete TITLE TITLE D MALLOY, JOANNE NAME STREET ADDRESS 105 10TH STREET SOUTH STREET ADDRESS City-St-Zip_ CITY-ST-ZIP BRADENTON BEACH FL ☐ Change Addition Die ausman □ Delete TITLE MALLOY, ANDREW PATRICK NAME STREET ADDRESS STREET ADDRESS 105 10TH STREET SOUTH CITY-ST-ZIP CITY-ST-ZIP BRADENTON BEACH FL ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED ON PRINTED BY BEIGNAND OF SIGNATURE AND TYPED ON PRINTED BY BOARD OF SIGNING OFFICER OR DIRECTOR